

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j))	37 -20* =	17	x \$18.00 =	\$ 306.00
	INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (i))	2 -3** =	0	x \$78.00 =	0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))			+ \$_____ =	0.00
				BASIC FEE (37 C.F.R. § 1.16)	760.00
				Total of above Calculations =	1066.00
				Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).	533.00
				* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.	TOTAL =

6. Small entity status:

- a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.
 b. ☒ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
 c. ☐ Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 01 - 2135:

- a. ☐ Fees required under 37 C.F.R. § 1.16.
 b. ☐ Fees required under 37 C.F.R. § 1.17.
 c. ☐ Fees required under 37 C.F.R. § 1.18.

8. ☒ A check in the amount of \$ 533.00 is enclosed.

9. ☒ New Attorney Docket Number, if desired 755.35259CX1

[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]

- 10 a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
 b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)

11. ☐ Other: _____

NOTE:

The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

12. NEW CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label



(Insert Cu

020457

(here)

or ☐ New correspondence address below

Name	Donald E. Stout				
	Antonelli, Terry, Stout & Kraus, LLP				
Address	Suite 1800				
	1300 North Seventeenth Street				
City	Arlington	State	Virginia	Zip Code	22209
Country	U.S.A.	Telephone	703/312-6600	Fax	703/312-6666

13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Donald E. Stout
Signature	<i>Donald E. Stout</i>
Registration No. (Attorney/Agent)	26,422
Date	April 29, 199